

# Damaged Document(s)

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>180</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>757</u>
Town of <u>miami</u>	No. <u>706 Nash Ave</u>		Local Registrar No. _____
or _____	St. _____		Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		(If child is not yet named, make supplemental report, as directed.)
2. Full name of child <u>micayla Tarrez</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
5. No., in order of birth _____	6. Date of birth <u>Sept. 29, 1924</u>		Month day year
6. FATHER		14. MOTHER	
Full name <u>Blaz Tarrez</u>		Full maiden name <u>Andrea Bonillas</u>	
9. Residence (Usual place of abode) <u>miami, Arizona</u>		15. Residence (Usual place of abode) <u>miami, Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>mexican</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation <u>machine man</u> Nature of industry <u>Copper mine</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
Taken as of time of birth of child herein _____		(a) Born alive and now living <u>2</u>	
Certified and including this child.) _____		(b) Born alive but now dead <u>0</u>	
		(c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:50 P.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. J. Miller</u>	
Given name added from _____		(Physician or midwife)	
Month, day, year. _____		Address <u>miami, Arizona</u>	
Registrar. _____		Filed <u>Apr 30, 1924</u>	
		Filed <u>10-6, 1924</u>	
		County Registrar. <u>B. G. J. J.</u>	

12-729-11